"Some buildings were burning fiercely within fifteen minutes after the shock, and within twelve hours one-half the city was a solid mass of fire. So fast did it spread that the fire raged as fiercely, seemingly, for blocks behind the fire line as it did immediately in the zone of devastation. In places it spread so fast that those escaping were caught and had to abandon the few effects they were endeavoring to remove. In the streets on the hills, which were considered safe, whole trainloads of personal effects and household goods were burned.

"It is in considering the small personal things that the absoluteness of destruction makes itself felt. One's bunch of keys, for instance. The office-building key—throw it away, the building is no more, and so the office key, and the desk, and the office closet. Next comes the house-door key—it, too, is useless, as well as the trunk keys. The club keys, too, can go, for the clubs are gone already. Shall I telephone? There is no such thing! Would I have a glass of water? In more than four-fifths of the city there is not a drop. On every side there is nothing but burned ruin and torn and twisted streets. Yet already are plans for rebuilding made; tracks for removing débris are laid into the heart of the ruins, and later, materials for the construction of a new heart of a new San Francisco will be brought in on them."

* * *

To those physicians of California, however, who were in San Francisco on April 17 and the days that followed, the stories given in the recent letter of Dr. William Thornwall Davis, and the excerpts taken from the four-page *Official Journal* issue of May, 1906, should bring back the vivid memories.

For instance, the writer still visualizes the group of physicians from cities in the southern part of the State, who on Tuesday morning, the 18th of April, about the hour of nine o'clock, gathered in Union Square Park, opposite the Hotel St. Francis, debating what to do next. It was agreed that it would be wise to lay in a stock of provisions and then go out and set up camp in Golden Gate Park. Dr. John C. King of Banning (who became president of the California Medical Association in 1910 and who is now the ranking senior ex-president, residing in Pasadena) volunteered to hire a wagon and lay in a supply of food. While he was engaged in this search, most of the group (among others the late Dr. Fitch C. E. Mattison of Pasadena, who became president in 1913) were seated at the base of the Victory Monument in the Park. The dash for open spaces when some secondary tremors caused the tall column to begin to sway is a picture not soon to be forgotten.

Mention may also be made of the fact that, on Tuesday afternoon, April 17, many members of the State Medical Association—of whom the writer was one—were seated in the auditorium of the old Y. M. C. A. on Mason Street. In the room where those meetings were being held, on the fateful morning of the 18th the roof fell in. Had the earth's tremors occurred on Tuesday afternoon, when the auditorium was crowded with physicians, instead of at five o'clock the next morning, a large number of physicians would undoubtedly have been killed, and the pages of the history of medicine in California during the next two or three decades would have presented other names than now appear on the rolls.

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In concluding these comments, it may be added that the State Association's Committee on History, which works through the Association office at 450 Sutter Street, San Francisco, will welcome communications, memorabilia, and other information concerning the events of 1906 and other periods.

CLINICAL NOTES AND CASE REPORTS

HEMOCHROMATOSIS

REPORT OF AN EARLY CASE

By MORRILL L. ILSLEY, M. D.
Claremont

THIS case, though the patient died of cardiorenal failure, nevertheless shows many of the typical findings characteristic of the syndrome: hemochromatosis.

REPORT OF CASE

H. B. A., born in 1873, passed away on July 27, 1939, of chronic myocarditis, chronic nephritis; mitral insufficiency being a contributory cause.

The patient was not at all clear about his early history. He remembered that in 1898 he had a very severe case of typhoid fever. He was ill for six weeks with this disease. He may have had scarlet fever. He had the usual childhood diseases. He had a very severe attack of influenza in 1897, and since that time he has had many subacute attacks. He remembered having had a very thorough examination in Lincoln, Nebraska, twenty years ago, and the physician stated that he had a normal heart at that time. He had sinus trouble for years. There have been no accidents. There was no surgery. No lung trouble (I asked him this specifically, since his wife is a tuberculous patient.) There has been no gastro-intestinal trouble; no genito-urinary trouble. No joint trouble. His extremities have been cold and the circulation impaired for at least ten years.

History.—The following is an account of the patient's troubles since I have been caring for him. This has been very occasionally, due to his propensity for seeking chiropractic aid. I first saw him on May 6, 1934, at which time he had frequent stools, no blood, generalized headache. He was then under treatment from Doctor McBurney of Pomona for sinus involvement. He had no complaints of heart or lung trouble. Nocturia one time. He stated that there has been trouble with his toes since 1930; he could not control them and they felt cold all the time; there was a form of anesthesia. There were frequent internal pains in the right hip. There was itching in the groin for a long period of time. At Scripps Metabolic Clinic he had an examination in 1933, at which time they gave him a very grave prognosis from a circulatory standpoint. The pigment was present on the anterior portion of the legs even then, but I did not recognize its significance.

I saw him again on February 21, 1935, at which time he had an acute respiratory trouble, with a rise in temperature of 101 degrees.

On March 30, 1938, I was called to see him because of repeated attacks of "influenza." At this time he had Vincent's angina. Cheyne-Stokes respiration was also bothering severely at the time. He was troubled with spells of weakness and had a great deal of intestinal gas. He had been having spells of diarrhea every eight or ten days. He complained of malaise and "inner collapse" at this time.

He stated that he had what he called migratory neuralgia in the foot, ankle, knee, elbow, head, back, and fingers. He had pain down his left arm during this attack of "influenza." He had been having edema of the ankles, with night sweats. Dyspnea was present, also orthopnea for the past several years. Nocturia two times during this period. He had lost 15 pounds since January. He had taken no exercise during the past year. Weight then was 162¾ pounds; height, 70 inches; blood pressure, 158/126. The eyes were bulging at this time, giving the appearance of a hyperthyroid case. The urine showed three plus albumin. Two blood chemistry determinations had been made as follows:

	Mar. 14, '38 (mgm.)	*Apr. 27, '39 (mgm.)*
Creatinin	1.37	1.8
Urea nitrogen	27.9	26.8
Nonprotein nitrogen	40.0	39.9
Sugar	104.8	

The electrocardiogram, taken on March 30, 1938, showed tachycardia, left axis deviation, a PR interval of 0.20 second, a QRS interval of 0.10 second, notching of QRS segment in all four leads.

Subsequent Course.—On April 1, 1938, the patient had a right antrum infection. His white blood count was 9,200; red blood count, 5,900,000; hemoglobin (Sahli), 84 per cent; blood pressure, 156/122. The pulse rate on April 11 was 108, with no rise in temperature. The liver margin was not below the costal margin at that time. The loud systolic murmur, which was present at least as long as I had been seeing him, persisted during the entire course of the illness. On June 4, 1938, he had another attack of nausea and vomiting. On September 24, 1938, he noticed impaired circulation below the knees. There was no edema present and no urinary symptoms. Night sweats bothered occasionally at this time; nocturia one time. Weight, 148¾; blood pressure, 144/98. On October 22, 1938, the patient had an attack of coryza. From that time until his death the bowel complaint ceased, excepting for a slight reappearance, on November 9. At this time he complained of precordial distress, and this was the only time I was able to persuade the patient to go to bed during his entire illness: he became so ill in June, 1939, that he finally consented. There was a most persistent nosebleed in November. On February 14, 1939, his weight was 146½. At this time he had a headache in the frontal sinus region. There was very definite distress in the right ankle joint. There was an irregularity in the pulse rhythm at this time. With the help of colchinin, an attack of gout in the left great toe was aborted in March, 1939: this attack was probably due to the use of xanthin derivatives in treatment. The course of the disease from June, 1939, was typical of a failing cardiorenal system. Cheyne-Stokes respiration was constantly present, and intravenous injections of aminophyllin failed to break the cycle. It was about June 26, 1939, that I first considered that hemochromatosis complicated the case. His liver margin could be felt below the costal margin since March, 1939. The pigment was noticed around the nail beds, and also extending from the hands up to the midportion of the forearms; in this region the pigment was not discrete. On the legs there were numerous spots of this same rusty iron-hued pigment. The urine, however, never showed the slightest trace of sugar; however, the presence of albumin and casts constantly increased in amount as the case progressed. As stated, the patient died on July 27, 1939.

Autopsy Findings.—The autopsy was performed by Dr. L. W. Case of Pomona. The gross findings were as follows: Edema was generalized, but especially noticeable in the extremities. The liver weighed 1530 grams. The cecum and bladder were both attached to the abdominal wall with dense adhesions, and Doctor Case thought he must have had serious trouble with his appendix at some time. The stomach was moderately distended with fluid. The bladder was somewhat distended with urine. The left lateral lobe of the prostate was definitely enlarged. The scrotum was edematous. The right kidney weighed 200 grams and the left, 220 grams; both were abnormal. The spleen weighed 205 grams. The right lung weighed 555 grams, and showed red hepatization of the lower lobe. The left lung weighed 450 grams, and it, too, showed red hepatization of the lower lobe (the left was more advanced). The heart weighed 640 grams; the tricuspid valves were normal; there was marked atheroma of the aorta; the mitral valve was badly thickened with white scarred tissue; there was hypertrophy of the left heart. There was no fluid in the pericardial sac. The coronaries were not excessively sclerotic. The skin showed the peculiar rusty iron pigment previously described, and this was particularly distributed on the forearms and legs. It was interesting to see the halfmoon-shaped distribution about each nail bed of the hands. Doctor Case reports the microscopical findings as follows: Microscopic study of sections of the liver shows a rather diffuse necrosis of the liver cells especially noticeable about the efferent veins of the lobules. There is an irregular infiltration of the tissue with small lymphoid cells, but no evidence of active inflammatory reaction. There is only slight increase in the amount of fibrous connective tissue, the amount not being enough to give a picture of true cirrhosis. Sections of the kidneys reveal moderate sclerosis of the larger blood vessels, and thickening of the walls of the arterioles, and of the capillary basement membrane of the glomerular tufts. There is also some thickening of Bowman's capsule. There is a diffuse cloudy swelling and moderate desquamation of the tubular epithelium, and an irregular infiltration of small, lymphoid cells. Sections of the liver and kidneys stained with potassium ferrocyanide solution show the presence of a small amount of hemosiderin pigment irregularly scattered throughout the tissue.

COMMENT

In a personal communication from Dr. Charles A. Doan, he states: "In so far as I know, the finding of hemosiderin in cells other than the Kupfer or comparable cells of the so-called reticuloendothelial system represents a true pathologic finding. Of course, we now believe that the connective tissue phagocytic cells, normally as well as pathologically, phagocytize red blood cells and break them down into hemosiderin and hemotoidin; the former to be conserved with its iron content for the resynthesis of new hemoglobin, the latter making up the bile pigments. Therefore, the finding of hemosiderin pigment scattered in liver and kidneys within the parenchymatous cells, and not just in macrophages, would be, I should feel, sufficient evidence for establishing a presumptive diagnosis of early hemochromatosis."

1111 Indian Hill.

Unsung Guardians of the Nation's Health.—From the moment when we urban dwellers take in our bottles of milk, through every single activity of the day and even when we sleep at night, we are being guarded, watched, and protected from danger and disease of which we are quite unaware. That the water on our tables is pure, that our sewer systems function properly, that when we walk on the streets we do not come in contact with communicable diseases, that when we dine at restaurants our food is hygienically prepared and served—all these we take for granted as our inalienable right and are inclined to resent the taxes which go to pay for them. Countless unsung millions of the laboratory have struggled to bring about this happy state of affairs, and countless others are still toiling on our behalf. —Dr. Victor Heiser in *You're the Doctor.*

Hard and Soft Water.—There is no evidence that the hardness or softness of ordinary drinking water has any appreciable influence on arthritis, gall-stones or intestinal disorders, *Hygeia, The Health Magazine* declares in answer to an inquiry.

The use of soft water for the skin may be preferable because it increases the purifying action of soaps, producing lather with less free alkali, and thus protecting the skin against the removal of its natural oils.